

**McLean County Public Schools**  
**Request for Autism or Autism Attributes**  
**Problem-Solving Team Assistance**

<b>Student:</b> _____	<b>School:</b> _____
<b>Requesting Teacher:</b> _____	<b>Age:</b> _____
<b>Grade:</b> _____	<b>Date of Birth:</b> _____

**Current Status**

<b>Is this student identified as having a Disability?</b>	
<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan      -OR-	<input type="checkbox"/> General Education
<b>Currently Receiving:</b>	
<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> SLP <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> IMPACT Plus	
<input type="checkbox"/> Social Skills Group <input type="checkbox"/> SCM <input type="checkbox"/> Behavior Plan <input type="checkbox"/> Other: _____	
<b>Discipline Record:</b>	
<input type="checkbox"/> # of Classroom Discipline Reports: _____	<input type="checkbox"/> # of Office Referrals: _____
<input type="checkbox"/> # of In-School Suspensions: _____	<input type="checkbox"/> # of Out of School Suspensions: _____
<b>Special Concerns:</b>	
<input type="checkbox"/> Health Conditions/Current Diagnosis: _____	
<input type="checkbox"/> Medications: _____	

**Social Domain**

<input type="checkbox"/> Has difficulty recognizing the feelings and thoughts of others	<input type="checkbox"/> Uses poor eye contact
<input type="checkbox"/> Difficulty maintaining personal space, physically intrudes on others	<input type="checkbox"/> Has difficulty making or keeping friends
<input type="checkbox"/> Is naïve, easily taken advantage of, or bullied	<input type="checkbox"/> Lacks tact/appears rude
<input type="checkbox"/> Has difficulty understanding others' nonverbal communication (e.g. facial expressions, body language, tone of voice)	<input type="checkbox"/> Tends to be less involved in group activities than most same-age peers
<input type="checkbox"/> Has difficulty joining activity	
<input type="checkbox"/> Other: _____	

**Restricted Patterns of Behavior, Interests, and Activities Domain**

<input type="checkbox"/> Expresses strong need for routine/sameness	<input type="checkbox"/> Expresses desire for repetition
<input type="checkbox"/> Has eccentric or intense preoccupations/absorption in own unique interests	<input type="checkbox"/> Asks repetitive questions
<input type="checkbox"/> Seems to be unmotivated by customary rewards	<input type="checkbox"/> Seems to be unmotivated by customary rewards
<input type="checkbox"/> Displays repetitive motor movements (e.g. hand flapping, pacing, finger flicking)	<input type="checkbox"/> Problems handling transition and change
<input type="checkbox"/> Has difficulty joining activity	<input type="checkbox"/> Has strong need for closure or difficulty stopping a task before it is completed
<input type="checkbox"/> Other: _____	

**Communication Domain**

<input type="checkbox"/> Makes sounds or states words or phrases repeatedly (non-echolaic)	<input type="checkbox"/> Has difficulty asking for help
<input type="checkbox"/> Makes new words or creates alternate meanings for words or phrases	<input type="checkbox"/> Makes irrelevant comments
<input type="checkbox"/> Displays immediate or delayed echolalia	<input type="checkbox"/> Has difficulty expressing thoughts & feelings
<input type="checkbox"/> Interprets words or conversations literally/has difficulty understanding figurative language	<input type="checkbox"/> Has difficulty talking about others interests
<input type="checkbox"/> Has difficulty with rules of conversation	<input type="checkbox"/> Talks incessantly, little back & forth
<input type="checkbox"/> Fails to initiate or respond to social greetings	<input type="checkbox"/> Has difficulty understanding language with multiple meanings, humor, sarcasm, or synonyms
<input type="checkbox"/> Has difficulty using gestures & facial expressions	<input type="checkbox"/> Use mechanical, "sing song" voice or speech sounds unusual in other ways
<input type="checkbox"/> Other: _____	

**Sensory Differences Domain**

<input type="checkbox"/> Responds in an unusual manner to sounds	<input type="checkbox"/> Responds in an unusual manner to pain
<input type="checkbox"/> Responds in an unusual manner to taste	<input type="checkbox"/> Responds in an unusual manner to light or color
<input type="checkbox"/> Responds in an unusual manner to temperature	<input type="checkbox"/> Responds in an unusual manner to smells
<input type="checkbox"/> Seeks activities that provide touch, pressure, or movement	<input type="checkbox"/> Avoids activities that provide touch, pressure, or movement
<input type="checkbox"/> Makes noises such as humming or singing frequently	
<input type="checkbox"/> Other: _____	

**Cognitive Differentiation Domain**

<input type="checkbox"/> Displays extensive knowledge in narrow areas of interest	<input type="checkbox"/> Displays poor problem-solving skills
<input type="checkbox"/> Has poor organizational skills	<input type="checkbox"/> Withdraws into complex inner worlds/fantasizes often
<input type="checkbox"/> Is easily distracted by unrelated details-has difficulty knowing what is relevant or makes off-topic comments	<input type="checkbox"/> Displays weakness in reading comprehension with strong word recognition
<input type="checkbox"/> Knows many facts & details but has difficulty with abstract reasoning.	<input type="checkbox"/> Has difficulty applying learned skills in new settings
<input type="checkbox"/> Has academic skills deficits	<input type="checkbox"/> Has attention problems
<input type="checkbox"/> Displays very literal understanding of concepts	<input type="checkbox"/> Recalls information inconsistently
<input type="checkbox"/> Has difficulty understanding the connection between behavior & resulting consequences	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	

**Motor Differences Domain**

<input type="checkbox"/> Has balance difficulties	<input type="checkbox"/> Resists or refuses handwriting tasks
<input type="checkbox"/> Has poor handwriting	<input type="checkbox"/> Has poor motor coordination
<input type="checkbox"/> Writes slowly	<input type="checkbox"/> Displays atypical activity level
<input type="checkbox"/> Has athletic skills deficits	<input type="checkbox"/> Displays an awkward gait
<input type="checkbox"/> Displays unusual body postures & movements or facial expressions	<input type="checkbox"/> Has difficulty starting or completing actions
<input type="checkbox"/> Other: _____	

**Emotional Vulnerability Domain**

<input type="checkbox"/> Is easily stressed-worries obsessively	<input type="checkbox"/> Appears to be depressed or sad
<input type="checkbox"/> Has unusual fear response	<input type="checkbox"/> Appears anxious
<input type="checkbox"/> Exhibits rage reactions or “meltdowns”	<input type="checkbox"/> Injures self
<input type="checkbox"/> Makes suicidal comments or gestures	<input type="checkbox"/> Displays inconsistent behaviors
<input type="checkbox"/> Has difficulty tolerating mistakes	<input type="checkbox"/> Has low frustration tolerance
<input type="checkbox"/> Has low self-esteem, makes negative comments about self	<input type="checkbox"/> Has difficulty identifying, quantifying, expressing, and/or controlling emotions
<input type="checkbox"/> Has limited understanding of own & other’s emotional responses	<input type="checkbox"/> Has difficulty managing stress and/or anxiety
<input type="checkbox"/> Other: _____	

**Explain what (if any) strategies you have used to address these issues:**

**Requesting Teacher Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Send Request to:**

McLean County Middle School – Haley Hudson